

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day			Inspection Type		Inspector		Fac Type					
1	2	3	T	N	0	0	7	6	2	0	1	11	12	14	2	26	17	18	S	19	S	20	2	
Remarks																								
<div> <div>21</div> <div>Inspection Work Days</div> </div> <div> <div>Facility Self-Monitoring Evaluation Rating</div> <div>BI</div> <div>QA</div> <div>Reserved</div> </div>																								
67		69										70		71		72		73		74		75		80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Berry Hill Corporation, (Sand Mine) Hawkins County NPDES TN0076201	Entry Time/Date A2:15 2-26-2014	Permit Effective Date 7-29-2013
	Exit Time/Date D2:45 2-26-2014	Permit Expiration Date 7-28-2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Ray Stone, President 239-443-5333	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site not disturbed for sand mining at this time, in natural forest production only.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Ray Stone, President 2839 South W. 24th Ave. Cape Coral, FL 33914	<div style="text-align: right;"> Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	


Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks 	WRM-SM 865-594-5548	2-26-2014
Bruce Ragon	WRM-SM 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date